

STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (SNAPLE NF)
FY 2015 Loan Balance Verification Form

LENDERS MUST COMPLETE AND RETURN THIS FORM TO:

California Student Aid Commission – SNAPLE Program
P.O. Box 419029, Rancho Cordova, CA 95741-9029
FAX (916) 464-7977

The California Student Aid Commission (Commission) is authorized to assume portions of the following SNAPLE NF participant's educational loan debts. If the Commission determines that the participant is eligible for SNAPLE NF benefits, an assumption payment will be issued.

SECTION I: TO BE COMPLETED BY PARTICIPANT (please print or type)

I hereby authorize a lending institution official to complete and release to the Commission, the information requested below:

PARTICIPANT'S NAME

PARTICIPANT'S SSN

PARTICIPANT'S SIGNATURE

DATE



**AFTER YOU HAVE COMPLETED SECTION I,
FORWARD THIS FORM TO YOUR LENDER TO COMPLETE SECTION II.**



SECTION II: TO BE COMPLETED BY A LENDING INSTITUTION OFFICIAL (please print or type)

~IF THE LOAN HAS BEEN SOLD, PLEASE FORWARD THIS FORM TO THE NEW LENDER/SERVICER~

ACCOUNT #	LOAN TYPE	SUB OR UNSUB	INTEREST RATE	DISBURSEMENT DATE	JUNE 30, 2015 PAYOFF AMOUNT	COMMISSION/ECMC GUARANTEED please circle	IF DEFAULT please circle
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N

TOTAL:

\$

PLEASE INDICATE WHERE THE SNAPLE NF PAYMENT IS TO BE SENT:

LENDER/SERVICER NAME

7 DIGIT LENDER CODE

ADDRESS WHERE PAYMENT IS TO BE SENT

CITY

STATE

ZIP

By my signature, I certify under penalty of perjury that the information provided on this form is, to the best of my knowledge, correct and accurate.

SIGNATURE OF LENDING INSTITUTION OFFICIAL

PRINTED NAME OF OFFICIAL

E-MAIL ADDRESS

TELEPHONE NUMBER

DATE

SNAPLE NF (05/15)

